	Effective October 1, 2003								10/500857					
		CLAIMS	_ 50			ALL PE	ENTITY	0	OTH F SMA	ER THA:				
	TOTAL CLAII	MS						RATE	FEE		RAT			
\parallel	FOR .			NUMBER FILED		MBER EXTRA	BASIC F		EE	\neg				
	TOTAL CHARGEABLE CLAIMS			7 minus 20=		•		XS 9=		- -	7,010			
\prod_{i}	NDEPENDENT	CLAIMS	12	2 minus 3 =		•				$ ^{\circ}$	' ` 			
	MULTIPLE DEF	ENDENT CLAIM	PRESENT				1 <u> ^</u>	43=			X86=			
1							J -1	45=		01	-290=			
]	it the differen	•		ess than zero, enter "0" in		column 2	TC	TAL] Of	TOTAL	900		
	CLAIMS AS AMENDED - PART II								- LITING			RTHAN		
AMENDMENTA		(Column 1) (Column 1) (Column 1) HIGHE				SMAL		ENTITY	っ っ	SMALI	L ENTITY			
		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAI FEE	-]	RATE	ADD/ TION/ FEE		
	Total		Minus	**		=	×s	9=		OR	XS18=			
	Independent		Minus	***		= .	X4	3= ·		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						+14			7		1.		
	·									OR	L	_		
							ADDIT.	FEE		OR	ADDIT. FEE	<u> </u>		
AMENDMENT B	1	(Column 1)	Т	(Column HIGHES		(Column 3)				,		,		
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA! FEE		
	Total	+	Minus	**		=	XS 9)=		OR	X\$18=			
	Inaependent	•	Minus	***		=	X43	_			X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL							+		OR				
						•	+145			OR.	+290=	·		
							TO ADDIT. F	TAL L		OR	TOTAL ADDIT. FEE	<u></u>		
-1		(Column 1) CLAIMS		(Column		(Column 3)		٠.						
Z		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	:X\$ 9:			OR	X\$18=			
	Independent		Minus	***		= .	 `			.				
1	FIRST PRESENTATION OF MULTIPLE DEPENDER				MIA		X43=	4		OR	X86=			
• #	the entry in anti-					· ·	+145=			OR	+290=	•		
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									DR ja	TOTAL ODIT, FEE			
. T	he "Highest Numi	nber Previously Pai Der Previously Paid	For (Total or	i SPACE is les: Independent) i	s than s the h	3, enter "3." lighest number fo	ADDIT. FE ound in the		priate box					